PREVENTION

Unclassified

Prevention

- Purpose: The objective is to prevent alcohol and drug abuse
  - Educate yourself & unit members
  - Provide prevention strategies
  - 4-hour prevention & education training requirement per FY

Prevention
continued

- Training resources, external:
  - Pamphlets, videos, brochures, posters
  - Internet sites
  - Community Services
  - State Health Services

Prevention
continued

- Training resources, internal:
  - Unit members who are also:
    - Local law enforcement officers
    - Counselors
    - EMTs, doctors, nurses
    - Counterdrug analysts
  - Military Units with counseling centers
  - Drug Demand Reduction (DDR)

Prevention
continued

- Prevention Planning
  - SOP -
    - Gives direction for implementing the rules of the command
    - Tells how to implement these policies in the Prevention Plan
  - Develop a written prevention plan

Prevention
continued

- Make the most of prevention efforts
- Address areas such as avoiding negative peer influence, DUI education, and decision making
- Remember, a plan is a technique used to obtain a favorable outcome or situation

Prevention
continued

- Look to the future in order to bring about those desired outcomes
- Planning requires constant revision and evaluation

Program Management

Program Management

- Supplies
  - Keep adequate supplies on hand
  - Rotate Stock
  - Plan ahead; order well in advance
  - Order supplies from unit supply or SAPC
  - Blank 2624s, ledgers, bottle labels
  - Tamper resistant tape, specimen bottles, absorbent pads, female cups

Program Management

Continued

- Supplies Storage (limited access)
  - Securely store testing supplies and documents
  - Information protected under privacy act
  - Names and SSNs
  - Use paper shredder when destroying sensitive documents

Program Management

Continued

- Records Management: Files will be maintained IAW ARIMS/AFM 37-139 Table 44

Program Management
continued

- Inspections:
  - subject to inspections at least annually
  - conducted as part of a Command Inspection Program (CIP) or
  - conducted by the local SSAPO

Program Management
Continued

- Inspectable Items
  - Observer Memorandum
  - Unit Ledgers
  - DTPAM/UPL appointment orders
  - Temporary specimen storage area
  - Storage area of collection supplies

Program Management
Continued

- Inspectable Items
  - ARIMS files
  - Unit training Calendar
    - Proof of Prevention Education (4 hours per year)
  - Required regulations, policies, SOPs, ARIMS/AFM 37-139 Table 44 files

Program Management
Continued

- Bio-Safety
  - Goal is to prevent disease, disability, & death
  - Use safe practices and procedures
  - DTPAM/UPLs will always wear gloves
  - Clean up any spills immediately with 10% bleach and 90% water solution
  - Disinfectant wipes

Smart Testing

Smart Testing

The process where drug testing is conducted in an accurate, efficient manner that is not predictable to the testing population.

Smart Testing
continued

- Do's
  - Change testing months, days and times
  - Conduct unit sweeps
  - Test during field training exercise
  - AGR testing during the week
  - Account for all members selected

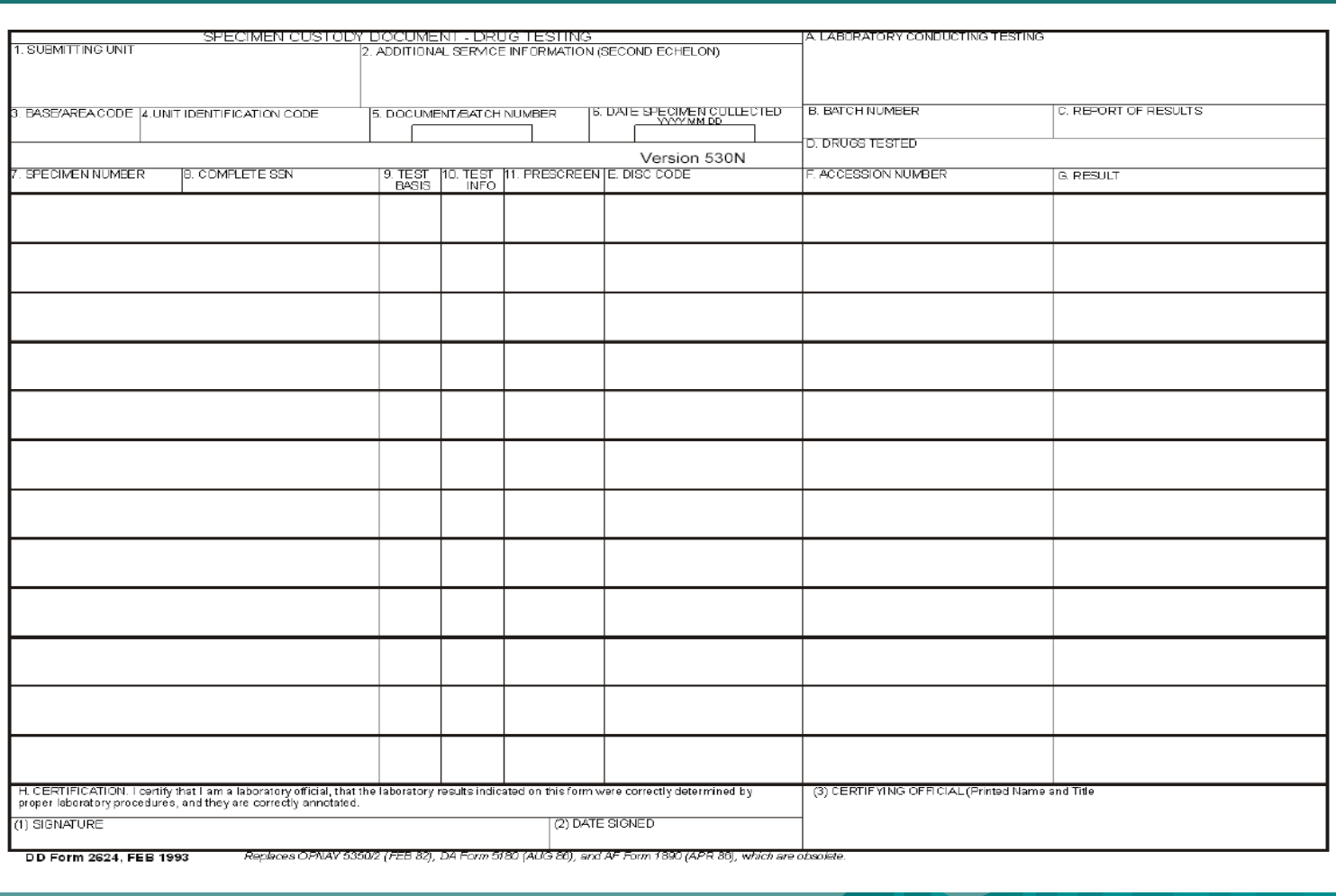
Smart Testing
continued

- Don’ts
  - Ask for volunteers
  - Coordinate in advance with full time or part time personnel
  - Stop testing because it is 1630 hours
  - Allow self admittance after the announcement of a test

FORMS AND LABELS

DD 2624 Blank

front



SPECIMEN CUSTODY DOCUMENT - DRUG TESTING

1. SUBMITTING UNIT	2. ADDITIONAL SERVICE INFORMATION (SECOND ECHELON)	A. LABORATORY CONDUCTING TESTING
3. BASE/AREA CODE / 4. UNIT IDENTIFICATION CODE	5. DOCUMENT/BATCH NUMBER / 5. DATE SPECIMEN COLLECTED YYYYMMDD	B. BATCH NUMBER / C. REPORT OF RESULTS
	Version 530N	D. DRUGS TESTED

7. SPECIMEN NUMBER	8. COMPLETE SSN	9. TEST BASIS	10. TEST INFO	11. PRESCREEN	E. DISC CODE	F. ACCESSION NUMBER	G. RESULT

H. CERTIFICATION. I certify that I am a laboratory official, that the laboratory results indicated on this form were correctly determined by proper laboratory procedures, and they are correctly annotated.

(1) SIGNATURE | (2) DATE SIGNED | (3) CERTIFYING OFFICIAL (Printed Name and Title

DD Form 2624, FEB 1993 *Replaces OPNAV 5350/2 (FEB 82), DA Form 5180 (AUG 80), and AF Form 1890 (APR 86), which are obsolete.*

DD 2624 Blank

back

12. CHAIN OF CUSTODY		LAN	THRU
DATE (YYMMDD) a.	RELEASED BY b.	RECEIVED BY c.	PURPOSE OF CHANGE / REMARKS d.
(1)	SIGNATURE	SIGNATURE	
	NAME	NAME	
(2)	SIGNATURE	SIGNATURE	
	NAME	NAME	
(3)	SIGNATURE	SIGNATURE	
	NAME	NAME	
(4)	SIGNATURE	SIGNATURE	
	NAME	NAME	
(5)	SIGNATURE	SIGNATURE	
	NAME	NAME	
(6)	SIGNATURE	SIGNATURE	
	NAME	NAME	
(7)	SIGNATURE	SIGNATURE	
	NAME	NAME	
(8)	SIGNATURE	SIGNATURE	
	NAME	NAME	
(9)	SIGNATURE	SIGNATURE	
	NAME	NAME	
(10)	SIGNATURE	SIGNATURE	
	NAME	NAME	

INSTRUCTIONS				
	BLOCK	USA	USN/MC	USAF
1	SUBMITTING UNIT	Message address of unit submitting urine samples		
2	ADDITIONAL SERVICE INFORMATION (SECOND ECHELON)	Do not use	Message address of second echelon commander to whom submitting unit reports administratively.	Optional. May be used to identify the base POC.
3	BASE / AREA CODE	Service Code Area	Leave blank. For future use.	Four-character Base Identification Code (Ex., F123). Comprises the first four characters of the full 10-character Base Identification Number (BIDN).
4	UNIT IDENTIFICATION CODE	Unit Identification Code (UIC or RUC) of unit submitting urine sample.		Do not use
5	DOCUMENT/BATCH NUMBER	Do not use	Enter the locally assigned batch number. Each batch of 12 samples, or portion thereof, shall be assigned a separate number by the submitting unit.	3-digit batch number common to all specimens in the shipment (Ex., 501). Comprises the middle part of the full 10-character BIDN assigned to each specimen.
6	DATE SPECIMEN COLLECTED	Enter the four-digit year, two-digit month, and two-digit day that samples were collected by submitting unit.		
7	SPECIMEN NUMBER	Use number pre-printed on form to itemize bottle.		Enter 3-digit sequential specimen number (last 3 characters of full BIDN).
8	COMPLETE SSN	Full SSN of person from whom sample obtained.		
9	TEST BASIS	Indicate the testing premiseto conduct the collection.		
10	TEST INFORMATION	Military: A = E1 - E4; B = E5 to 010; Civilian only: C = TDP Aviation; D = TDP Guard/Police; E = TDP PRP, F = TD; ADAPCP Staff; G = other TDP; N = other nonmilitary	Leave blank	Entry required only if additional testing is requested: F = Full Panel; S = Steroids; O = Other drugs. Provide clarification in attached message.
11	PRESCREEN	If screened (field tested) prior to submission and found positive, indicate P for positive or N for negative for drug(s) pre-screened. Leave blank if not screened prior to submission to lab.		Not used

12. CHAIN OF CUSTODY (LINE (1)).

a. DATE - Date of collection/shipment.

b. RELEASED BY - Signature and printed or typewritten name of the urinalysis coordinator having custody of the samples.

c. RECEIVED BY - Use only if physical change of custody is occurring prior to shipment. Otherwise leave blank.

d. PURPOSE OF CHANGE/REMARK - Specify the mode of accountable transportation/system utilized to ship specimens to the lab.

NOTE: If/when custody of specimens changes other than for shipment (unless hand carried to lab), each change of custody requires line number signatures in the (b) RELEASED BY and (c) RECEIVED BY blocks to document change in custody with comment in block (d). If a continuation sheet is necessary, it must contain information/signatures of blocks (a) - (d).

13. DAMAGE TO SHIPPING CONTAINER / DISCREPANCIES

DD Form 2624, FEB 93 (Back)

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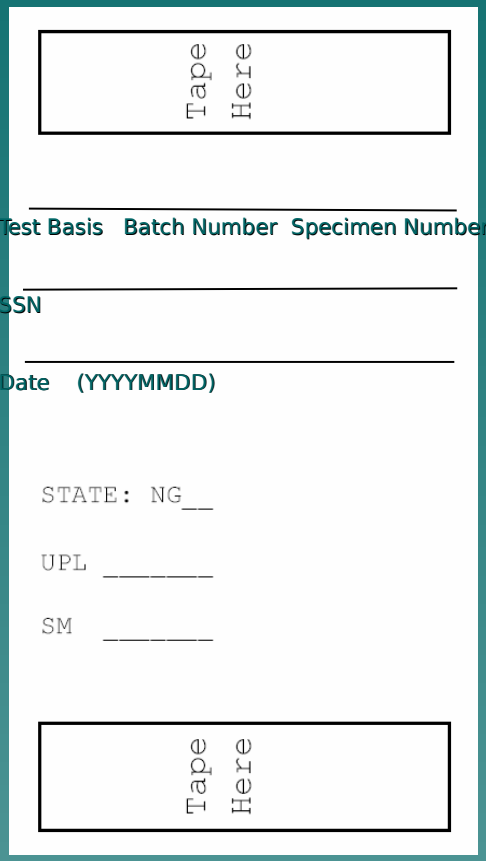
Ledger

Drug Testing Program
Testing Register

05/05/2004 9:14:32 PM

Date of Collection T/M/D/Y	Batch And Specimen #	Tested Members Rank, Printed Name, SSN Signature	TPI	Observer's Printed Name and Signature	Comments and Disposition

Label


Tape Here
Test Basis Batch Number Specimen Number
SSN
Date (YYYYMMDD)
STATE: NG__
UPL _____
SM _____
Tape Here

DD FORM 2624

The most important aspect of collecting urine specimens is maintaining the Specimen Custody Document (DD Form 2624). It is imperative that this form is completed with extreme care.

DD FORM 2624

front

SPECIMEN CUSTODY DOCUMENT - DRUG TESTING

1. SUBMITTING UNIT	2. ADDITIONAL SERVICE INFORMATION (SECOND ECHELON)	A. LABORATORY CONDUCTING TESTING	
Testing Units Name Address City, State Zip Code	SSAP's Mailing Title Address, POC, and POC's Phone No. City, State Zip Code		
3. UNIT IDENTIFICATION CODE NG Last 5 Digits of UIC	4. DOC. CONTROL NUMBER 0001	5. DATE SPECIMEN COLLECTED (YYYYMMDD) 20040508	B. BATCH NUMBER / C. REPORT OF RESULTS
		Version 530N	D. DRUGS TESTED

7. SPECIMEN NUMBER	8. COMPLETE SSN	9. TEST BASIS	10. TEST INFO	11. PRESCREEN	E. DISC CODE	F. ACCESSION NUMBER	G. RESULT
001	XXX-OO-XXXX						

H. CERTIFICATION. I certify that I am a laboratory official, that the laboratory results indicated on this form were correctly determined by proper laboratory procedures, and they are correctly annotated.

(1) SIGNATURE | (2) DATE SIGNED | (3) CERTIFYING OFFICIAL (Printed Name and Title)

DD Form 2624, FEB 1993

Replaces OPNAV 5350/2 (FEB 82), DA Form 5180 (AUG 86), and AF Form 1680 (APR 86), which are obsolete.

DD FORM 2624

back

12. CHAIN OF CUSTODY		LAN	THRU
DATE (YYMMDD) a.	RELEASED BY b.	RECEIVED BY c.	PURPOSE OF CHANGE / REMARKS d.
(1) 20040508	SIGNATURE John Collector	SIGNATURE Fed Ex/US Mail	Specimens Mailed to SAPC
	NAME John Collector	NAME Service	
(2)	SIGNATURE	SIGNATURE	
	NAME	NAME	
(3)	SIGNATURE	SIGNATURE	
	NAME	NAME	
(4)	SIGNATURE	SIGNATURE	
	NAME	NAME	
(5)	SIGNATURE	SIGNATURE	
	NAME	NAME	
(6)	SIGNATURE	SIGNATURE	
	NAME	NAME	
(7)	SIGNATURE	SIGNATURE	
	NAME	NAME	
(8)	SIGNATURE	SIGNATURE	
	NAME	NAME	
(9)	SIGNATURE	SIGNATURE	
	NAME	NAME	
(10)	SIGNATURE	SIGNATURE	
	NAME	NAME	

DD Form 2624, FEB 93 (Back)

INSTRUCTIONS				
	BLOCK	USA	USN/MC	USAF
1	SUBMITTING UNIT	Message address of unit submitting urine samples		
2	ADDITIONAL SERVICE INFORMATION (SECOND ECHELON)	Do not use	Message address of second echelon commander to whom submitting unit reports administratively.	Optional. May be used to identify the base POC.
3	BASE / AREA CODE	Service Code Area	Leave blank. For future use.	Four-character Base Identification Code (Ex., F123). Comprises the first four characters of the full 10-character Base Identification Number (BIDN).
4	UNIT IDENTIFICATION CODE	Unit Identification Code (UIC or RUC) of unit submitting urine sample.		Do not use
5	DOCUMENT/BATCH NUMBER	Do not use	Enter the locally assigned batch number. Each batch of 12 samples, or portion thereof, shall be assigned a separate number by the submitting unit.	3-digit batch number common to all specimens in the shipment (Ex., 501). Comprises the middle part of the full 10-character BIDN assigned to each specimen.
6	DATE SPECIMEN COLLECTED	Enter the four-digit year, two-digit month, and two-digit day that samples were collected by submitting unit.		
7	SPECIMEN NUMBER	Use number pre-printed on form to itemize bottle.		Enter 3-digit sequential specimen number (last 3 characters of full BIDN).
8	COMPLETE SSN	Full SSN of person from whom sample obtained.		
9	TEST BASIS	Indicate the testing premiseto conduct the collection.		
10	TEST INFORMATION	Military: A = E1 - E4; B = E5 to 010; Civilian only: C = TDP Aviation; D = TDP Guard/Police; E = TDP PRP, F = TD; ADAPCP Staff: G = other TDP; N = other nonmilitary	Leave blank	Entry required only if additional testing is requested: F = Full Panel; S = Steroids; O = Other drugs - Provide clarification in attached message.
11	PRESCREEN	If screened (field tested) prior to submission and found positive, indicate P for positive or N for negative for drug(s) pre-screened. Leave blank if not screened prior to submission to lab.		Not used

12. CHAIN OF CUSTODY (LINE (1)).
a. DATE - Date of collection/shipment.
b. RELEASED BY - Signature and printed or typewritten name of the urinalysis coordinator having custody of the samples.
c. RECEIVED BY - Use only if physical change of custody is occurring prior to shipment. Otherwise leave blank.
d. PURPOSE OF CHANGE/REMARK - Specify the mode of accountable transportation/system utilized to ship specimens to the lab.

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13. DAMAGE TO SHIPPING CONTAINER / DISCREPANCIES

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DD FORM 2624

back

12. CHAIN OF CUSTODY		LAN	THRU
DATE (YYMMDD) a.	RELEASED BY b.	RECEIVED BY c.	PURPOSE OF CHANGE / REMARKS d.
(1) 20040508	SIGNATURE John Collector NAME John Collector	SIGNATURE Safe NAME storage	Specimens locked in Safe Storage
(2) 20040510	SIGNATURE Safe NAME storage	SIGNATURE John Collector NAME John Collector	Specimens Retrieved from Safe Storage
(3) 20040510	SIGNATURE John Collector NAME John Collector	SIGNATURE Fed Ex/US Mail NAME Service	Specimens Mailed to SAPC
(4)	SIGNATURE NAME	SIGNATURE NAME	
(5)	SIGNATURE NAME	SIGNATURE NAME	
(6)	SIGNATURE NAME	SIGNATURE NAME	
(7)	SIGNATURE NAME	SIGNATURE NAME	
(8)	SIGNATURE NAME	SIGNATURE NAME	
(9)	SIGNATURE NAME	SIGNATURE NAME	
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DD Form 2624, FEB 93 (Back)

INSTRUCTIONS

BLOCK		USA	USN/MC	USAF
1	SUBMITTING UNIT	Message address of unit submitting urine samples		
2	ADDITIONAL SERVICE INFORMATION (SECOND ECHELON)	Do not use	Message address of second echelon commander to whom submitting unit reports administratively.	Optional. May be used to identify the base POC.
3	BASE / AREA CODE	Service Code Area	Leave blank. For future use.	Four-character Base Identification Code (Ex., F123). Comprises the first four characters of the full 10-character Base Identification Number (BIDN).
4	UNIT IDENTIFICATION CODE	Unit Identification Code (UIC or RUC) of unit submitting urine sample.		Do not use
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9	TEST BASIS	Indicate the testing premiseto conduct the collection.		
10	TEST INFORMATION	Military: A = E1 - E4; B = E5 to 010; Civilian only: C = TDP Aviation; D = TDP Guard/Police; E = TDP PRP, F = TD; ADAPCP Staff: G = other TDP; N = other nonmilitary	Leave blank	Entry required only if additional testing is requested: F = Full Panel; S = Steroids; O = Other drugs - Provide clarification in attached message.
11	PRESCREEN	If screened (field tested) prior to submission and found positive, indicate P for positive or N for negative for drug(s) pre-screened. Leave blank if not screened prior to submission to lab.		Not used

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a. DATE - Date of collection/shipment.
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13. DAMAGE TO SHIPPING CONTAINER / DISCREPANCIES

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DD FORM 2624

back

12. CHAIN OF CUSTODY		LAN	THRU
DATE (YYMMDD) a.	RELEASED BY b.	RECEIVED BY c.	PURPOSE OF CHANGE / REMARKS d.
(1) 20040508	SIGNATURE John Collector	SIGNATURE Jack Fulltimer	Specimens Released to AGR (DTPAM/UPL)
	NAME John Collector	NAME Jack Fulltimer	
(2) 20040508	SIGNATURE Jack Fulltimer	SIGNATURE Fed Ex/US Mail	Specimens Mailed to SAPC
	NAME Jack Fulltimer	NAME Service	
(3)	SIGNATURE	SIGNATURE	
	NAME	NAME	
(4)	SIGNATURE	SIGNATURE	
	NAME	NAME	
(5)	SIGNATURE	SIGNATURE	
	NAME	NAME	
(6)	SIGNATURE	SIGNATURE	
	NAME	NAME	
(7)	SIGNATURE	SIGNATURE	
	NAME	NAME	
(8)	SIGNATURE	SIGNATURE	
	NAME	NAME	
(9)	SIGNATURE	SIGNATURE	
	NAME	NAME	
(10)	SIGNATURE	SIGNATURE	
	NAME	NAME	

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BLOCK		USA	USN/MC	USAF
1	SUBMITTING UNIT	Message address of unit submitting urine samples		
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8	COMPLETE SSN	Full SSN of person from whom sample obtained.		
9	TEST BASIS	Indicate the testing premiseto conduct the collection.		
10	TEST INFORMATION	Military: A = E1 - E4; B = E5 to 010; Civilian only: C = TDP Aviation; D = TDP Guard/Police; E = TDP PRP, F = TD; ADAPCP Staff: G = other TDP; N = other nonmilitary	Leave blank	Entry required only if additional testing is requested: F = Full Panel; S = Steroids; O = Other drugs - Provide clarification in attached message.
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13. DAMAGE TO SHIPPING CONTAINER / DISCREPANCIES

DD Form 2624, FEB 93 (Back)

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DD FORM 2624

back

12. CHAIN OF CUSTODY		LAN	THRU
DATE (YYMMDD) a.	RELEASED BY b.	RECEIVED BY c.	PURPOSE OF CHANGE / REMARKS d.
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(2) 20040510	SIGNATURE Safe NAME storage	SIGNATURE Jack Fulltimer NAME Jack Fulltimer	Specimens Retrieved from Safe Storage
(3) 20040510	SIGNATURE Jack Fulltimer NAME Jack Fulltimer	SIGNATURE Fed Ex/US Mail NAME Service	Specimens Mailed to SAPC
(4)	SIGNATURE NAME	SIGNATURE NAME	
(5)	SIGNATURE NAME	SIGNATURE NAME	
(6)	SIGNATURE NAME	SIGNATURE NAME	
(7)	SIGNATURE NAME	SIGNATURE NAME	
(8)	SIGNATURE NAME	SIGNATURE NAME	
(9)	SIGNATURE NAME	SIGNATURE NAME	
(10)	SIGNATURE NAME	SIGNATURE NAME	

DD Form 2624, FEB 93 (Back)

INSTRUCTIONS

BLOCK		USA	USN/MC	USAF
1	SUBMITTING UNIT	Message address of unit submitting urine samples		
2	ADDITIONAL SERVICE INFORMATION (SECOND ECHELON)	Do not use	Message address of second echelon commander to whom submitting unit reports administratively.	Optional. May be used to identify the base POC.
3	BASE / AREA CODE	Service Code Area	Leave blank. For future use.	Four-character Base Identification Code (Ex., F123). Comprises the first four characters of the full 10-character Base Identification Number (BIDN).
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13. DAMAGE TO SHIPPING CONTAINER / DISCREPANCIES

☆ U.S. GOVERNMENT PRINTING OFFICE: 1994 300-727/10382

DD FORM 2624

back

12. CHAIN OF CUSTODY		LAN	THRU
DATE (YYMMDD) a.	RELEASED BY b.	RECEIVED BY c.	PURPOSE OF CHANGE / REMARKS d.
(1) 20040508	SIGNATURE John Collector	SIGNATURE Jack Fulltimer	Specimens Released by DTPAM/UPL
	NAME John Collector	NAME Jack Fulltimer	
(2) 20040508	SIGNATURE Jack Fulltimer	SIGNATURE Safe	Specimens locked
	NAME Jack Fulltimer	NAME storage	in Safe Storage
(3) 20040510	SIGNATURE Safe	SIGNATURE Jack Fulltimer	Specimens Retrieved from Safe Storage
	NAME storage	NAME Jack Fulltimer	
(4) 20040510	SIGNATURE Jack Fulltimer	SIGNATURE Fed Ex/US Mail	Specimens Mailed
	NAME Jack Fulltimer	NAME Service	to SAPC
(5)	SIGNATURE	SIGNATURE	
	NAME	NAME	
(6)	SIGNATURE	SIGNATURE	
	NAME	NAME	
(7)	SIGNATURE	SIGNATURE	
	NAME	NAME	
(8)	SIGNATURE	SIGNATURE	
	NAME	NAME	
(9)	SIGNATURE	SIGNATURE	
	NAME	NAME	
(10)	SIGNATURE	SIGNATURE	
	NAME	NAME	

DD Form 2624, FEB 93 (Back)

INSTRUCTIONS

BLOCK		USA	USN/MC	USAF
1	SUBMITTING UNIT	Message address of unit submitting urine samples		
2	ADDITIONAL SERVICE INFORMATION (SECOND ECHELON)	Do not use	Message address of second echelon commander to whom submitting unit reports administratively.	Optional. May be used to identify the base POC.
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5	DOCUMENT/BATCH NUMBER	Do not use	Enter the locally assigned batch number. Each batch of 12 samples, or portion thereof, shall be assigned a separate number by the submitting unit.	3-digit batch number common to all specimens in the shipment (Ex., 501). Comprises the middle part of the full 10-character BIDN assigned to each specimen.
6	DATE SPECIMEN COLLECTED	Enter the four-digit year, two-digit month, and two-digit day that samples were collected by submitting unit.		
7	SPECIMEN NUMBER	Use number pre-printed on form to itemize bottle.		Enter 3-digit sequential specimen number (last 3 characters of full BIDN).
8	COMPLETE SSN	Full SSN of person from whom sample obtained.		
9	TEST BASIS	Indicate the testing premiseto conduct the collection.		
10	TEST INFORMATION	Military: A = E1 - E4; B = E5 to 010; Civilian only: C = TDP Aviation; D = TDP Guard/Police; E = TDP PRP, F = TD; ADAPCP Staff: G = other TDP; N = other nonmilitary	Leave blank	Entry required only if additional testing is requested: F = Full Panel; S = Steroids; O = Other drugs - Provide clarification in attached message.
11	PRESCREEN	If screened (field tested) prior to submission and found positive, indicate P for positive or N for negative for drug(s) pre-screened. Leave blank if not screened prior to submission to lab.		Not used

12. CHAIN OF CUSTODY (LINE (1)).
a. DATE - Date of collection/shipment.
b. RELEASED BY - Signature and printed or typewritten name of the urinalysis coordinator having custody of the samples.
c. RECEIVED BY - Use only if physical change of custody is occurring prior to shipment. Otherwise leave blank.
d. PURPOSE OF CHANGE/REMARK - Specify the mode of accountable transportation/system utilized to ship specimens to the lab.

NOTE: If/when custody of specimens changes other than for shipment (unless hand carried to lab), each change of custody requires line number signatures in the (b) RELEASED BY and (c) RECEIVED BY blocks to document change in custody with comment in block (d). If a continuation sheet is necessary, it must contain information/signatures of blocks (a) - (d).

13. DAMAGE TO SHIPPING CONTAINER / DISCREPANCIES

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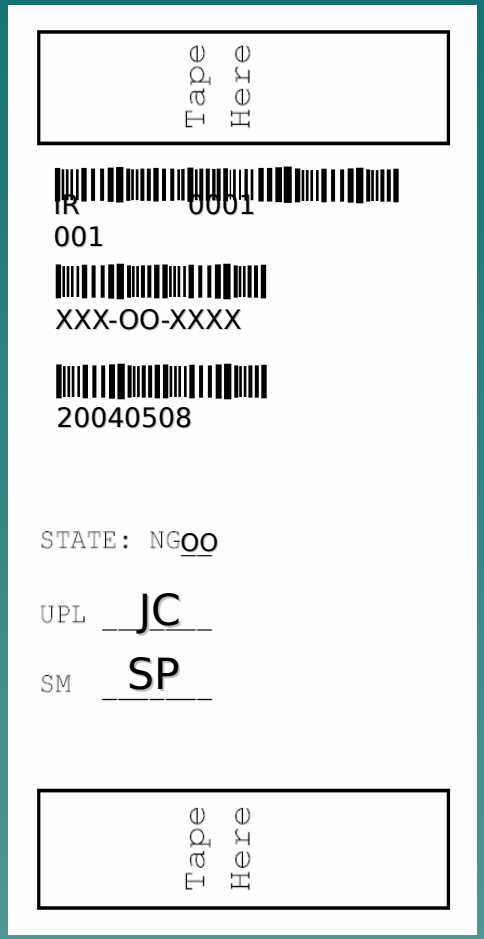
Ledger

Drug Testing Program
Testing Register

05/05/2004 9:14:32 PM

Date of Collection T/M/D/Y	Batch And Specimen #	Tested Members Rank, Printed Name, SSN Signature	TPI	Observer's Printed Name and Signature	Comments and Disposition
05/08/2004	Batch: 0001 Spec: 001	SPC, Provider, Specimen xxx-oo-xxxx Specimen Provider	IR	Danny Observer Danny Observer	

Label


Tape Here
IR 0001
001
XXX-OO-XXXX
20040508
STATE: NGOO
UPL JC
SM SP
Tape Here

Questions?